

American Water Works Association

Drinking Water Week

Image Release Form

I, _____, authorize the **AMERICAN WATER WORKS ASSOCIATION** and its members to edit and to make derivative works and adaptations of my original artwork in whole or in part, for print, broadcast and web publication, and any other form of distribution, in all platforms existing and to be developed in the future. The **AMERICAN WATER WORKS ASSOCIATION** and its members are authorized to make alterations or additions to the artwork. I further acknowledge that the **AMERICAN WATER WORKS ASSOCIATION** has no obligation to use the artwork. Additionally, I hereby release, indemnify and hold harmless the **AMERICAN WATER WORKS ASSOCIATION**, Saratoga County Public Health and their officers, agents, employees and officials from any and all claims, damages, or causes of action, of whatsoever nature, that I, or anyone else, may have or suffer in any way arising out of, as a result of, or related to use of my original artwork in the Drinking Water Week materials and in any other form or media, for any purpose.

Student Name – printed or typed

Signature (Parent/Guardian if under the age of 18)

Date